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UTILITY PATENT APPLICATION TRANSMITTAL		Attorney Docket No. 14133US02	
		First Inventor Prasad Boppana	
		Title Method And System For Sales Process Configuration	
		Express Mail Label No. EV 303831181 US	
APPLICATION ELEMENTS		Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Washington, DC 22313-1450	
See MPEP chapter 600 concerning utility patent application contents.		ADDRESS TO:	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <i>(Submit an original and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification [Total Pages 31] <i>(preferred arrangement set forth below)</i> -Descriptive title of the invention -Cross Reference to Related Applications -Statement Regarding Fed sponsored R&D -Reference to sequence listing, a table, or a computer program listing appendix -Background of the Invention -Brief Description of the Drawings (<i>if filed</i>) -Detailed Description -Claim(s) -Abstract of the Disclosure 4. <input checked="" type="checkbox"/> Drawing(s) (35 U.S.C. 113) [Total Sheets 5] 5. Oath or Declaration [Total Pages 2] a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 18 completed)</i> i. <input type="checkbox"/> DELETION OF INVENTORS Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 6 <input type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		7. <input type="checkbox"/> CD-Rom or CD-R in duplicate, large table or Computer Program (Appendix) 8. Nucleotide and/or Amino Acid sequence Submission <i>(if applicable, all necessary)</i> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies	
ACCOMPANYING APPLICATION PARTS			
9. <input type="checkbox"/> Assignment Papers (cover sheet & documents(s)) 10. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney 11. <input type="checkbox"/> English Translation Document (<i>if applicable</i>) 12. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations 13. <input type="checkbox"/> Preliminary Amendment 14. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i> 16. <input type="checkbox"/> Request and Certification under 35 U.S.C. 122(b) (2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. 17. <input type="checkbox"/> Other: _____			
18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:			
<input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No.:			
Prior application information:		Examiner: _____ Group/Art Unit: _____	
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number		23446	
or <input type="checkbox"/> Correspondence address below			
Name Christopher Winslade			
Address McAndrews, Held & Malloy 500 West Madison, Suite 3400			
City Chicago State IL Zip Code 60661			
Country USA Telephone (312) 775-8000		Fax (312) 775-8100	

Name (Print/type)	Christopher Winslade	Registration No. (Attorney/Agent)	36,308
Signature			
	Date: 11/18/03		



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16310 U.S.P.T.O.

PTO/SB/17 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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FEE TRANSMITTAL for FY 2004

Patent Fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT (\$968.00)

Completeness	
Application Number	Unassigned
Filing Date	Herewith
First Named Inventor	Prasad Boppana
Examiner Name	Unassigned
Group Art Unit	Unassigned
Attorney Docket No.	14133US02

METHOD OF PAYMENT				FEE CALCULATION (continued)																																																																																																																																																																																																																																																																					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: <div style="border: 1px solid black; padding: 5px; text-align: center;">13-0017</div> <div style="border: 1px solid black; padding: 5px; text-align: center;">McAndrews Held & Malloy</div> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				3. 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SUBMITTED BY		Complete (if applicable)		
Name (Print/Type)	Christopher C. Winslade	Registration No. (Attorney or Agent)	36,308	Telephone (312) 775-8000
Signature				Date 11/18/03

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.